

Change of Information Form

VOCA Contract No. _____	NCAP Contract No. _____	Title II Contract No. _____
STOP Contract No. _____	CLAP Contract No. _____	Title V Contract No. _____
SSVF Contract No. _____	MCLUP Contract No. _____	Challenge Contract No. _____
RSAT Contract No. _____	LLEBG Contract No. _____	JAIBG Contract No. _____
	LGSD Contract No. _____	

Please list any change of information from that included in your approved contract.

Agency Name: _____

Authorized Official: _____

Project Director: _____

Address: _____

Telephone Number: _____

E-Mail Address: _____

Other Changes: _____
(Please specify change. _____
Include changes in per- _____
sonnel, board members, _____
job descriptions, organi- _____
zational charts, etc. Please _____
attach copies.) _____

****PLEASE NOTE****

Certain changes in the budget must be approved by the Department of Public Safety and requests for such changes must be submitted on a Request to Revise the Budget form, which is included in your application packet.

Agency Name: _____

Signature: _____ Date: _____
(Authorized Official)

Return to: Missouri Department of Public Safety, P.O. Box 749, Jefferson City, MO 65102-0749.

